State of Minnesota	District Court
County	Judicial District:
	Court File Number:
	Case Type:
In Re the Marriage of:	
Petitioner	Response to Notice of Motion and Motion to Stop Accrual
and	of Child Support Interest
Respondent	
Intevenor	
Notice	
Other Party:	County Attorney's Office:
Name	Name of County Attorney
Street Address	Street Address
City, State, Zip	City, State, Zip
PLEASE TAKE NOTICE that at the hearing scool o'clock before the Honorable (Nam.)	cheduled on at
at theC (Name of building where hearing to be held) filing this responsive motion, I am asking the co	ounty Courthouse or Government Center, by ourt for the following relief:
Me	otion
1. I request that the court issue an order of on the remaining child support debt or arrearage dated (Date of existing support order)	lenying the request to stop interest from accruing e associated with my child support order
(Date of existing support oraci)	

2. The facts upon which I base my request are set forth in the attached Affidavit in support of my responsive motion.

Acknowledgments by Party Making Motion:

- a. I am not serving or filing this document for any improper purpose, such as to harass or to cause unnecessary delay or needless increase in the cost of litigation.
- b. The claims, defenses, and other legal contentions therein are warranted by existing law or by a nonfrivolous argument for the extension, modification, or reversal of existing law or the establishment of new law.
- c. The allegations and other factual contentions have evidentiary support or, if specifically so identified, are likely to have evidentiary support after a reasonable opportunity for further investigation or discovery.
- d. The denials of factual contentions are warranted on the evidence or, if specifically so identified, are reasonably based on a lack of information or belief.
- e. The court may impose an appropriate sanction upon the attorneys, law firms, or parties that violate the above stated representations to the court, or are responsible for the violation.
- f. I understand that the existing order remains in full force and effect and I must continue to comply with that order until a new order is issued.

Dated:	
	Signature
	Print Name:
	Address:
	City/State/Zip:
	Telephone: ()
	E-mail address:
	Attorney for:

CSX502 State ENG Rev 7/15